## RFP NO. 502-8206 GROUP HEALTH BENEFITS

### MEDICAL PLAN

<u>Proposer</u>	<u>Plan Designs</u>	Funding/Cost Mechanisms	
United Group	None Submitted	ASO Fees only cost submitted \$23.50 PEPM per plan benefit(Medical,Vision, Dental) at 1900 EE's, this would be \$1,607,400 for administration only This submission is not responsive and this cost presented seems to have been done in error	
USA Services Group	Some Plan designs were submitted but not in format asked for and no prices	No prices submitted-require shock loss report before submitting - did not ever	
CIGNA	Submitted Exclusive Provider and Preferred Provider Plans for all EE's Medical and Dental	Fully insured Dental, and self funded Dental fees and rates given Self Funded Medical fees and rates given Stop Loss premium provided Rates/costs are projected claims PEPM	
H.I.P.	Submitted three plan options - HMO, PPO and POS (Point of Service) All include vision and dental riders	HMO PPO POS single \$200.23 \$270.31 \$240.28 & spouse \$389.79 \$526.21 \$467.75 & kids \$370.67 \$500.40 \$440.80 family \$532.53 \$718.92 \$639.04	

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HUMANA	III. AFSCME group - PPO plan 57/03  No plan for all employees together	(I. HMO)       (I420)       (I620)       (II.)       (III.)       (IV.)         single       \$173.73       \$210.80       \$205.17       \$216.91       \$208.66       \$302.56         &spouse       \$347.46       \$410.33       \$433.82       \$406.20       \$588.99         &kids       \$330.09       \$389.81       \$412.13       \$386.26       \$560.08         family       \$555.94       \$537.58       \$656.53       \$694.12       \$554.95       \$804.68			

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### **DENTAL PLAN**

<u>Proposer</u>	<u>Plan Designs</u>	Funding/Cost Mechanisms	
Oral Health Services	I. Fully Insured DHMO II. Fully Insured PPO III. Self Funded Dental Plan only using 875 EE's	(I.) (II.) single \$12.40 \$34.43 & spouse \$21.30 72.25 & kids \$26.50 \$77.22 family \$34.10 \$115.48 (III.) \$3.00 fee & claims of \$54.22 PEPM	
Safeguard	I. Managed Care Plan SG 290 II. Managed Care PlanSG 255 III. Managed Care Plan SG 245 Self Funding fees and costs provided Requires minimum employer contribution and EE participation	(I.) (II.) (III.) single \$7.33 \$8.50 \$9.45 plus one \$12.22 \$14.89 \$16.54 family \$20.15 \$23.39 \$25.99	
Standard Insurance	Rates and fees not given in manner requested Class I. Management and Confidential Class II. FOP ASO fees given as per cent of incurred claims	Class I. Class II. single \$32.30 \$29.29 family \$83.55 \$81.43  ASO 13.50%	

(	Compdent	Twelve different fully insured plans were presented by this firm	six indemnity and six DHMO rates given.

John R. Stoner

non responsive submission

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### VISION PLAN

<u>Proposer</u>	<u>Plan De</u>	Funding/Cost Mechanisms
Vision Care Plan	CORE PLAN Fully Insured COMBO PLAN Fully Insured SECTION 125 Fully insured Self Insured Plan	CORE COMBO 125 single \$3.43 \$3.43 \$5.98 & spouse \$6.86 \$9.41 \$11.96 & kids \$8.29 \$11.91 \$14.46 family \$11.72 \$17.89 \$20.44 self insured \$.95 PEPM and \$6.60 claims PEPM
Vision Service Plan	Vision Standard Fully insured Vision Value Fully Insured  Vision Standard Self Funded Vision Value Self Funded	Standard Value single \$6.39 \$4.15 & spouse \$10.25 \$6.65 & kids \$10.46 \$6.79 family \$16.87 \$10.95 fees \$1.07 \$7.79 PEPM claims \$0.72 \$4.89 PEPM

Spectera		Insured ASO single \$5.50 &spouse \$7.55 &kids \$8.00 family \$13.10 fee & claims \$1.00 & \$6.90 PEPM
ECPA	Fourteen Fully Insured Plans and Three Self Funded Plans Some Employer Paid, some voluntary , some stand alone voluntary	pricing set up for margin on plan designs, refer to submission for details. Each pricing se



